

# NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

411 Ring Road  
Elizabethtown, KY 42701-8701

*An Equal Opportunity Employer*

## APPLICATION FOR EMPLOYMENT

*This application must be completed in your own handwriting. It will be considered active and retained on file for a period of one (1) year. The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of race, color, disability, religion, age, sex, sexual orientation, gender identity, citizenship, marital status, veteran status, or national origin. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ females, minorities, individuals with disabilities and protected veterans.*

### PLEASE PRINT

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How were you referred to the Cooperative? \_\_\_\_\_

Are you related, by blood or by marriage, to any existing employee of the Cooperative or to a present member of the Board of Directors? ( ) Yes ( ) No

If yes, state name and relationship. \_\_\_\_\_

Are you a U.S. Citizen or a Permanent Resident Alien? ( ) Yes ( ) No

If not, what is your immigration status? \_\_\_\_\_

Do you have the legal right to work in the United States? ( ) Yes ( ) No

Have you ever applied for a job or worked at the Cooperative before? ( ) Yes ( ) No

If yes, what position? \_\_\_\_\_

Position for which you are applying (be specific) \_\_\_\_\_

Salary Expected \_\_\_\_\_ per \_\_\_\_\_

Is there any reason you are unable to work overtime? ( ) Yes ( ) No

## NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

Are you available for after-hours call-out duty and on-call assignments? ( ) Yes ( ) No

Are you at least eighteen years of age? ( ) Yes ( ) No

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, give details, including jurisdiction (state and county) where such conviction occurred. \_\_\_\_\_

In what state or states do you possess/have you ever possessed a valid and current driver's license? \_\_\_\_\_

Is there any reason that you could not perform the responsibilities of the position as described in the job description? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is there any reason that would prevent you from being at work during regular hours of work? \_\_\_\_\_

If yes, please explain. \_\_\_\_\_

If your application is considered favorably, on what date can you start work? \_\_\_\_\_

List any friends or acquaintances presently working for the Cooperative. \_\_\_\_\_

### EDUCATION

	SCHOOL NAME	ADDRESS	NO. OF YEARS ATTENDED	DEGREE	MAJOR
High School	_____	_____	_____	_____	_____
Technical College	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

(Include courses now studying)

## NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

### CLERICAL/SECRETARIAL/ADMINISTRATIVE APPLICANTS ONLY

*Check all for which you have experience.*

- |   |  |
|---|--|
| <input type="checkbox"/> Word processor                           | <input type="checkbox"/> Load management payroll |
| <input type="checkbox"/> Switchboard                              | <input type="checkbox"/> Personal computer       |
| <input type="checkbox"/> Data process entry                       | <input type="checkbox"/> Calculating             |
| <input type="checkbox"/> Proofreading                             | <input type="checkbox"/> Working with consumer   |
| <input type="checkbox"/> Accounts receivable, payable, or payroll |  |

### TRADES/CRAFTS/TECHNICAL APPLICANTS ONLY

*Check all for which you have experience.*

- |  |  |
|--|--|
| <input type="checkbox"/> Warehousing                       | <input type="checkbox"/> Pole inspection                                   |
| <input type="checkbox"/> Computer inventory methods        | <input type="checkbox"/> Load management systems                           |
| <input type="checkbox"/> Lay out service orders            | <input type="checkbox"/> Meter reading                                     |
| <input type="checkbox"/> Prepare service orders            | <input type="checkbox"/> Collecting consumer accounts                      |
| <input type="checkbox"/> Basic electricity                 | <input type="checkbox"/> Handling consumer accounts                        |
| <input type="checkbox"/> Tree trimming                     | <input type="checkbox"/> Connecting and disconnecting meters               |
| <input type="checkbox"/> Brush clearing                    | <input type="checkbox"/> Electrical mapping systems                        |
| <input type="checkbox"/> Clearing machinery                | <input type="checkbox"/> Load switching                                    |
| <input type="checkbox"/> Material control                  | <input type="checkbox"/> Substation construction                           |
| <input type="checkbox"/> Perpetual inventory               | <input type="checkbox"/> Line construction                                 |
| <input type="checkbox"/> Automotive maintenance            | <input type="checkbox"/> Transformer banks                                 |
| <input type="checkbox"/> Painting and bodywork on vehicles | <input type="checkbox"/> Regulators, capacitors, breakers and switches     |
| <input type="checkbox"/> Electrical hand tools             | <input type="checkbox"/> Hotline work, primary and secondary               |
| <input type="checkbox"/> Electrical safety                 | <input type="checkbox"/> Underground experience (primary and/or secondary) |
| <input type="checkbox"/> Radio communication and operation |  |

List special training or noteworthy achievements and attach your resume.

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List your membership in any professional or civic organizations (exclude those which may disclose your race, color, religion, national origin, or union affiliations).

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**NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION**

**EMPLOYMENT RECORD (List most recent employer first)**

Name and address of employer \_\_\_\_\_

Telephone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

Job title and brief description of duties. \_\_\_\_\_

Supervisor name \_\_\_\_\_ Salary range \_\_\_\_\_

May we contact them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Telephone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

Job title and brief description of duties. \_\_\_\_\_

Supervisor name \_\_\_\_\_ Salary range \_\_\_\_\_

May we contact them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name and address of employer \_\_\_\_\_

Telephone number \_\_\_\_\_ Dates of employment \_\_\_\_\_

Job title and brief description of duties. \_\_\_\_\_

Supervisor name \_\_\_\_\_ Salary range \_\_\_\_\_

May we contact them? \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

### PERSONAL REFERENCES (Not former employers or relatives)

Name and address \_\_\_\_\_

Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name and address \_\_\_\_\_

Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_

Name and address \_\_\_\_\_

Telephone number \_\_\_\_\_ Occupation \_\_\_\_\_

### CERTIFICATION

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with Cooperative policy. I agree to confirm to the rules and regulations of the Cooperative, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Cooperative or myself. I further understand that no person is authorized to make representation contrary to the above statement unless such representation is in writing and approved by the Board of Directors.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

### AUTHORIZATION

I authorize persons, schools, current employer (if applicable), previous employers and organizations, named in this application to provide NOLIN RECC with any relevant information that may be required to arrive at an employment decision, and I authorize NOLIN RECC to request and receive such information. Further, I release NOLIN RECC and any other person or organization providing information to NOLIN RECC from all liability for any damage that may result from furnishing such information.

A copy of this release may be accepted in lieu of the original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

# NOLIN RURAL ELECTRIC COOPERATIVE CORPORATION

## CONSENT TO BACKGROUND INVESTIGATION & LIABILITY RELEASE

To Whom It May Concern:

As an applicant for employment with Nolin Rural Electric Cooperative Corporation, I understand that a thorough background investigation will be conducted to qualify me for eligibility.

I hereby authorize the custodian of any information related to my previous employment, driving record, education, residence, criminal convictions, credit standing, or character, to release said information to authorized persons of Nolin Rural Electric Cooperative Corporation, unless restricted by law. This authorization is made voluntarily, for the purpose of employment only. Upon receipt of this document, please release information directly to the categories requested, and to which you have direct knowledge or documented evidence. I agree to hold harmless any individual or agency involved with the authorized release of such information. Thank you for your cooperation.

Authorized by: (Please print) \_\_\_\_\_  
Applicant's Full Name

Current Address \_\_\_\_\_  
City, State, Zip

Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Company Requesting Information \_\_\_\_\_ Authorized Signature/Title \_\_\_\_\_

Nolin Rural Electric Cooperative Corporation \_\_\_\_\_



## Voluntary Self Identification Form

### Gender, Ethnicity, Race, Disabled and Protected Veteran Status

*Nolin RECC* is an equal opportunity employer. The Cooperative, in accordance with State and Federal laws, does not discriminate on the basis of race, color, disability, religion, age, sex, sexual orientation, gender identity, citizenship, marital status, veteran status, or national origin. The Cooperative also is required by law, by virtue of its contract(s) with the federal government, to take affirmative action to employ females, minorities, individuals with disabilities and protected veterans. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact your consideration for employment with *Nolin RECC*. The information will not be maintained with your application, or if hired, your personnel file.

Name:	<b>CITIZENSHIP</b> Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO  Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>GENDER</b> <input type="checkbox"/> Male  <input type="checkbox"/> Female
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**Ethnicity**  
☐ **Hispanic/Latino**      A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race  
☐ **Not Hispanic/Latino**

RACE	Race Identification
<b>White</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
<b>Black or African American</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
<b>Native-Hawaiian or other Pacific Islander</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<b>Asian</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
<b>American Indian or Alaska Native</b> (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
<b>Two or More Races</b> (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

**VETERAN STATUS**  
 Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many protected veterans categories as apply.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled Veteran
<input type="checkbox"/> YES <input type="checkbox"/> NO	Recently Separated Veteran
<input type="checkbox"/> YES <input type="checkbox"/> NO	Active Duty Wartime or Campaign Badge Veteran
<input type="checkbox"/> YES <input type="checkbox"/> NO	Armed Forces Service Medal Veteran

*Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.* ☐

Signature

Date

## ***Nolin Rural Electric Cooperative Corporation***

### **Disabled and Veteran Self-Identification Information/Definitions**

Nolin RECC is a federal contractor subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment protected veterans.

If you have a disability or are a protected veteran and would like to participate in our affirmative action program, please complete the form provided or contact your local HR/EEO Representative. Our affirmative action program contains policies and procedures that assure compliance with our Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Your completion of the self-identification form is completely voluntary.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting your local HR/EEO Representative or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or protected veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

#### **Definitions:**

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61Fed Reg 1209).



## Voluntary Self-Identification of Disability

Form CC-305  
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OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_